U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 960/	2 Fiscal Year Covered From
, - - ·	1 / 1 / 2004 Through 12 / 31 / 2004
Name and address of person filing	4 Name file number and address of labor organization
Name Derek Peters	Name UFCW Local 876
	Labor Organization File Number 039-461
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 503 Amelia Street	Street 876 Horace Brown Drive
City Royal Oak	City Madison Heights
State Michigan ZIP Code +4 48073	State Michigan ZIP Code + 4 48071
Position in labor organization Business Agent	
(except as specified in the	exclusions set forth in the instructions) the or derived income or other economic benefit of initiation represents or is actively seeking to represent
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Date

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Telephone Number

Name of Person Filing Derek Peters	File Number U
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from selling or leasing to or off an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent or indirectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name Dentemax	a Labor Organization
Trade Name of any	X b Trust
PO Box Bidg Room No Ifany Suite 450	c Employer
Street 28588 Northwestern Hwy	
Cdy Southfield State Michigan ZIP Code + 4 48034	
State Michigan ZIP Code + 4 48034	
10 If 9 b or 9 c is checked give trust or employers name	11 a Nature of such dealing
Name:Michigan UFCW Unions & Employer H&W Fund	Dental PPO Network provider
Trade Name If any	
PO Box Bldg Room No If any	
Street 876 Horace Brown Drive	11 b Approximate dollar value of such dealing
City Madison Heights	12 a Nature of interest held or income received
State Michigan ZIP Code + 4 48071	Round of Golf
	12 b Amount \$120
C Received from any employer (other than an employer covered u	nder parts A and B above)
or from any labor relations consultant to an employer any payment of more 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	
Trade Name If any	1 1
PO Box Bldg Room No If any	
Street	
City	1
State ZIP Code + 4	_

14 b Amount of payment

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or Consultant

13 b Is the Business an Employer